JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers) N/a	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mr. Casey	Mi	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFix	Date Received
	Cole		ן 20 פרב פרב
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hard-delivered or Pestmarked
change of address	-	a tarawa manga disabi ka shika atagana shikana 1 ayan ka hama shikana	Receipt #
5 CANDIDATE/ OFFICEHOLDER PHONE		XTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. Bensol	мі П	Date Imaged
	NICKNAME LAST Varghese	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE		EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Bth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 24 / 2014 THROUGH	02 ^{Month Day}	^{Vear} ∕ 2014
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year 03 04 2014	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (#known Judge, County Crimi	າ nal Court Three, Tarrant County
	GO TO PA	GE 2	

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Casey Cole 15 ACCOUNT # (Ethics of n/a)		15 ACCOUNT # (Ethics Commission Filers) N/A	
16 NOTICE FROM POLITICAL COMMITTEE(S)	ROM CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE' OLITICAL. CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY R		NDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	ARRA N FEB CTIONS
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	RATOR
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1,800 EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$0		\$ 1,800
			MIZED \$0
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5,944.18
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 3,437.44	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$15,000 LAST DAY OF THE REPORTING PERIOD		
18 AFFIDAVIT			

A Gerci Flores My Commission Expires 09/04/2015 under Title 15, Election Code.

ature of Candidate or Officeholder

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

GERCI FLORES

, to certify which, witness my hand and seal of office.

____, this the

247 day of FOBRUARY, 20 14

Signature of officer administering oath

Print name of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME Casey Cole			3 ACCOUNT # (E n/a	thics Commission Filers)
4 Date	5 Full name of contributor Dut-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
2/12/14	John W, Robinson		contribution (\$)	description(if applicable)
	6 Contributor address; City; State; Zip Code		100	
	610 Love Henry Court, Southlake, TX	K 76092	(If travel outside	of Texas, complete Schedule T)
9 Contributor's p Attorney	rincipal occupation	Attorney		
11 Contributor's e Bailey and G	mployer/law firm alyen	12 Law firm of contri N/a	butor's spouse (if any	y)
13 If contributor is	a child, law firm of parent(s) (if any)			
Date 2/15/14	Full name of contributor Dut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code		100	
6715 Silver Saddle Rd, Fort Worth, TX 76126			 of Texas, complete Schedule T)	
Electrical En	rincipal occupation JINEEr	Electrical Engi	utte Deer	
Contributors e	mployer/law firm artin	Law firm of contri	butor's spouse (if any	y)
If contributor is	a child, law firm of parent(s) (if any)	••••••••••••••••••••••••••••••••••••••		
Date	Full name of contributorout-of-state PAC (ID#		Amount of	In-kind contribution
2/20/14	Bruce Beasley		contribution (\$)	description(if applicable)
	Contributor address; City; State; Zip Code		100	1
	777 Main Street, Suite 600, Fort Wor	th, TX 76102		1
		-	(If travel outside	of Texas, complete Schedule T)
Attorney	rincipal occupation	Contributor's job	title	
Contributor's e Beasley Law	mployer/law firm FII'M	Law firm of contri	butor's spouse (if any	y)
If contributor is a child, law firm of parent(s) (if any)				
EFECTIONS ACTIVITIES AND A CONTRACTOR				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				
Y THUGO I NAAAAT				
n				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch 2	edule A(J):
2 FILER NAME Casey Cole			3 ACCOUNT # (E n/a	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (#D#:)	7 Amount of	8 In-kind contribution
2/16/14	Linda Allison		contribution (\$)	description(if applicable)
	6 Contributor address; City; State; Zip Code	······	1100	Labels
	2709 Meadowview Dr. Arlington, TX	76016		1
Retired	nincipal occupation	10, Contributor's job N/a		of Texas, complete Schedule T)
11 Contributor's e N/a	mployer/law firm	12 Law firm of contri	butor's spouse (if an	y)
13 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of	In-kind contribution
	Izak Gregory		contribution (\$)	description(if applicable)
2/18/14	Contributor address; City; State; Zip Code		100	
	1201 Oakhurst Dr, Southlake, TX 76	092	(If travel outside	of Texas, complete Schedule T)
Attorney Contributor's principal occupation Contributor's job		title		
Contributor's e Law Office 0	mployer/law firm I Izak Gregory	Law firm of contri	butor's spouse (if an	у)
lf contributor i	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description(if applicable)
2/18/14	Scott Brown			
	Contributor address; City; State; Zip Code		300	
	3100 West 7th Street, Suite 420			1
	Fort Worth, TX 76107		(If travel outside	of Texas, complete Schedule T)
Attorney	principal occupation	Attorney	title	
Law Office o	Law firm of contributor's spouse (if any) Law Office of Scott Brown n/a			y)
If contributor i	s a child, law firm of parent(s) (if any).			
			an a table a stand for the formation of the state of the	and a second
8人)				
ELECTIONS AND A SUCCESSION AND A SUCCESS				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.				
TARRANT COUNTY				
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•				

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 1	edule B(J):
	FILER NAME sey Cole			3 ACCOUNT # (E n/a	thics Commission Filers)
4	TOTAL	OF UNITEMIZED PLEDGES: ⇔	+ + +	⇔ ⇔	\$ 0
5.	Date	6 Full name of pledgor out-of-state PAC (ID#).	8 Amount of pledge (\$)	9 In-kind description (if applicable)
		7 Pledgor address; City; State; Zip Code	••••		
				(If travel outside	of Texas, complete Schedule T)
10	Pledgor's princ	ipal occupation	11 Pledgor's job title	and the second sec	a an
12	Pledgor's emp	loyer/law firm	13 Law firm of pledg	jor's spouse (if any)	
14	If pledgor is a c	child, law firm of parent(s) (if any)	· · · · · · · · · · · · · · · · · · ·		
	Date	Full name of pledgor)	Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code		•	
					ł
					of Texas, complete Schedule T)
	Pledgor's princ	ipal occupation	Pledgor's job title	•	
	Pledgor's employer/law firm Law firm of pledgor's spouse (if any)				
	If pledgor is a	child, law firm of parent(s) (if any)	.		
	Date	Full name of pledgor)	Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code	•••••	•	
					of Texas, complete Schedule T)
	Pledgor's prin	cipal occupation	Pledgor's job title	Ð	
	Pledgor's emp	loyer/law firm	Law firm of pledg	gor's spouse (if any)	
	If pledgor is a	child, law firm of parent(s) (if any)	1	and the set of the set	:78
			10148 148	NIOSAR EVERS	ELEC
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 1100 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					
	n con	andutor is out-or-state FAO, piease see ilisti		ARRANT COUL	1
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LOANS (JUDICIAL)

SCHEDULE E (J)

The Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule E(J): 1		
2 FILER NAME Casey Cole		3 ACCOUNT# n/a	(Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS: ↔ ↔ ↔ ↔ ↔			\$0	
5 Date of loan 7 Name of lender Out-of	-state PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender 8 Lender address; City; State; Zip a financial Institution?	Code		10 Interest rate 0	
Y N			11 Maturity date	
12 Lender's Principal Occupation	13 Lender's Job Titl	e		
14 Lender's Employer/Law Firm	15 Law Firm of lend	er's spouse (if any)		
16 If lender is child, law firm of parent(s) (if any)				
17 Description of Collateral	18 Check if persona	I funds were depos	sited into political account	
none			\$	
19 GUARANTOR 20 Name of guarantor INFORMATION			22 Amount Guaranteed (\$)	
21 Guarantor address; City; Stat	a; Zip Code			
23 Guarantor's Principal Occupation	24 Guarantor's Job	Title		
25 Guarantor's Employer/Law Firm	26 Law Firm of gua	rantor's spouse (if a	any)	
27 If guarantor is child, law firm of parent(s) (if any)				
84:				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
	11:51	III FEB 24 AI	50	
	人上河口	THARRAN CO	_	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages// Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead The instruction Guide explains how to	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) m.			
1 Total pages Schedule F:	2 FILER NAME	· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # (Ethics Commission Filers)		
1	Casey Cole				
4 Date 2/11/14	5 Payee name Signarama				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
2056.75	990 Hwy 287 North, Suite 108, Mans	field, TX 7606	53		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign S	(If travel outside of Texas, complete Schedule T)		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sough	t Office held		
Date 2/18/14	Creative Consulting				
Amount (\$)	Payee address; City; State; Zip Code				
2090 557 Woodview Drive, Longwood, FL 32779					
PURPOSE	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Advertising Expense Phone calls				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name)H	Office sough	t Office held		
Date 2/18/14	Payee name Paypal				
Amount (\$)	Payee address; City; State; Zip Code				
35	P.O. Box 45950, Omaha, NE 68145				
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Advertising Expense	Fees for Pa	lyment		
Complete ONLY if direct Candidate / Office holder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name	· · · · · · · · · · · · · · · · · · ·			
2/6/14	Signarama				
Amount (\$)	Payee address; City; State; Zip Code		:78		
779.40	779.40 990 Hwy 287 North, Suite 108, Mansfield, TX 76063 SOLVALSHAWCY SHOLDERE NUCLEAR AND ADDRESS OF A DRIVE SHOLDERE				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description Political Sig	(If travefoutside of Texas, complete Schedule T)		
Complete QNLY if direct Candidate / Officeholder name Office sought ALTINUS IN Office Vield					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement					
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundrais Travel In District	sing Expense	Transportation Equipment & Related Expense	
Event Expense				Contributions/Donations Made By Candidate/Officeholder/Political Committee	
Fees	Printing Expense	Office Overhead/Re		OTHER (enter a category not listed above)	
	The Instruction Gulde explains how to complete this form.				
1 Total pages Schedule G: 1	2 FILER NAME Casey Cole			3 ACCOUNT # (Ethics Commission Filers) n/a	
4 Date 2/7/14	5 Payee name Frankie's Fort Worth	\$}.	allin i spissipa i su si s		
6 Amount (\$)	7 Payee address; City; Si	tate; Zip Code			
Reimbursement from political contributions intended	425 W 3rd St, Fort Worth, TX 76102				
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Event Expense			Beverage Expense	
^{Date} 2/18/14	Payee name Signarama (
Amount (\$)	Payee address; City; St	ate; Zip Code		in makan dara dara pertakan dara karang dara dara dara dara dara dara dara dar	
823.03					
Reimbursement from political contributions intended	990 Hwy 287 North, Suite 108, Mansfield, TX 76063				
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
OF	Advertising Expense		Campaign	Sians	
EXPENDITURE			J.	9	
Date	Payee name				
Amount (\$)	Payee address; City; St	ate; Zip Code			
Reimbursement: from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	p of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
Date	Payee name			://	
Amount (\$)	Payee address; City; St	ate; Zip Code			
				NAUGAA STEVE ANDRA	
Reimbursement from political contributions intended				12:1188 h2:93415	
DUDDOGT	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
PURPOSE OF EXPENDITURE					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking: Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Legal Services Solicitation/Fundraising Expense Trans Food/Beverage Expense Travel In District Contr Polling Expense Travel Out Of District Cat			Loan Repayment/Reim Transportation Equipme Contributions/Donations Candidate/Officehole OTHER (enter a catego	ent & Related Expense s Made By der/Political Committee
		explains now to c	ompiate tins to	والمتحدث والباد المجرب النايا ليستجلنا واستعادتهم والمتحد والمتحد والمتحد والمتحد والمتحد والمتحد والمتحد	Ethics Commission Filom)
1 Total pages Schedule H: 1	2 FILER NAME Casey Cole			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)				omplete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	e	Office soug	ght	Office held
Date	Business name				
Amount (\$)	Business address; City; S	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	op of this schedule)	Descriptio	N (If travel outside of Texas, c	omplete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nam DH	e	Office soug	ght	Office held
Date	Business name				
Amount (\$)	Business address; City; S	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	top of this schedule)	Descriptio	n (If travel outside of Texas, c	omplete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nam DH	e	Office sou	ght	Office held
Date	Business name				
Amount (\$)	Business address; City; S	State; Zip Code		;;	8
			NO DA	REVEASED AD MINIS	E
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	lop of this schedule)	Descriptio	n (If travel outside of Texas, c M EEBST	omplete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nam DH	e	Office sou	TARRANT COM	Office held
-	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE AS	S NEEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I: 1	² FILER NAME Casey Cole	3 ACCOUNT # (Ethics Commission Filers) n/a	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name	-	
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description. (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code	ELECTIONS APARIMENTER 1905 APANINEL SUBMICS	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions required): (b) Description (See instructions required): (See instruct	
		LINDOD LAV 8871	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

2 FLER NAME CASEY COLE 1 ACCOUNT # (Ethics Commission Files Name of person from whom amount is received 8 Amount (5) 4 Date 6 Name of person from whom amount is received 8 Amount (5) 7 Purpose for which amount is received Address of person from whom amount is received Amount (9) Date Name of person from whom amount is received Amount (9) Address of person from whom amount is received Amount (9) Date Name of person from whom amount is received Amount (9) Address of person from whom amount is received Amount (9) Date Name of person from whom amount is received Amount (8) Amount (9) Amount (9) Date Name of person from whom amount is received Amount (8) Amount (8) Amount (8) Date Name of person from whom amount is received City: State; Zip Code Amount (8) Amount (8) Date Name of person from whom amount is received City: State; Zip Code Amount (8) Amount (8) Date Name of person from whom amount is received City: State; Zip Code Amount (8) Amount (8) Date Name of person from whom amount is received City: State; Zip Code<	The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
Control Contreter Control Control	2 FILER NAME Casey Cole		3 ACCOUNT # (Ett n/a	nics Commission Filers)
6 Address of person from whom amount is received; City; State; Zip Code 7 Purpose for which amount is received Date Name of person from whom amount is received; City; State; Zip Code Purpose for which amount is received; City; State; Zip Code Purpose for which amount is received; City; State; Zip Code Date Name of person from whom amount is received; City; State; Zip Code Date Name of person from whom amount is received; City; State; Zip Code Date Name of person from whom amount is received; City; State; Zip Code Date Name of person from whom amount is received; City; State; Zip Code Purpose for which amount is received; City; State; Zip Code Amount (s) Purpose for which amount is received; City; State; Zip Code	Date	5 Name of person from whom amount is received		
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Image: Second		7 Purpose for which amount is received		I
Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Date Name of person from whom amount is received; Address of person from whom amount is received; City; State; Zip Code Amount (\$) Purpose for which amount is received; City; State; Zip Code Amount (\$) Purpose for which amount is received; City; State; Zip Code Amount (\$) Date Name of person from whom amount is received; City; State; Zip Code Amount (\$) Date Name of person from whom amount is received; City; State; Zip Code Amount (\$) Date Name of person from whom amount is received; City; State; Zip Code :AB Purpose for which amount is received; City; State; Zip Code :AB :AB Purpose for which amount is received; City; State; Zip Code :AB :AB Purpose for which amount is received; City; State; Zip Code :AB :AB Purpose for which amount is received; City; State; Zip Code :AB :AB Purpose for which amount is received; City; State; Zip Code :AB :AB Purpose for which amount is received 22 : II WW 1/2 (B) :AB Active E INEWBYI :AB :AB :AB Active E INEWBYI :AB	Date	Name of person from whom amount is received		
Date Name of person from whom amount is received Amount (s) Address of person from whom amount is received; City; State; Zip Code Amount (s) Purpose for which amount is received Amount (s) Date Name of person from whom amount is received Date Name of person from whom amount is received Address of person from whom amount is received Amount (s) Purpose for which amount is received; City; State; Zip Code :A8 WDITANT SIMILIC ENOILO2313 MOREARY C3: 11 W4 172 8331 102 Attitioo INAU84/1 X11100			• • • • • • • • • • • •	
Address of person from whom amount is received; City; State; Zip Code (\$) Purpose for which amount is received Amount (\$) Date Name of person from whom amount is received Amount (\$) Address of person from whom amount is received Amount (\$) Address of person from whom amount is received Image: Should state (\$) Purpose for which amount is received Image: Should state (\$) Purpose for which amount is received Image: Should state (\$) Purpose for which amount is received Image: Should state (\$) Purpose for which amount is received Image: Should state (\$) Purpose for which amount is received Image: Should state (\$) Address of person from whom amount is received Image: Should state (\$) Address of person from whom amount is received Image: Should state (\$) Name of person from whom amount is received Image: Should state (\$) Purpose for which amount is received Image: Should state (\$) Address of person from whom amount is received Image: Should state (\$) Address of person from whom amount is received Image: Should state (\$) Address of person from whom amount is received Image: Should state (\$) Address of person from whom amount is received Image		Purpose for which amount is received		
Purpose for which amount is received Date Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code :Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received 23 : !!! ₩¥ 12 833 ₺!02 Purpose for which amount is received 23 : !!! ₩¥ 12 833 ₺!02 Address of person from whom amount is received; City; State; Zip Code :Address of person from whom amount is received; City; State; Zip Code YNDIANISWING SH01103313 Purpose for which amount is received Z3 : !!! ₩¥ 12 833 ₺!02 A through LNA 23471 X102	Date	Name of person from whom amount is received		
Date Name of person from whom amount is received ZZ Address of person from whom amount is received; City; State; Zip Code Amount (\$) Address of person from whom amount is received; City; State; Zip Code		Address of person from whom amount is received; City; State; Zip Code		
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OUTSTANDING LOANS

SCHEDULE L

The li	nstruction Guide explains how to complete this form.	1 Total pages Schedule L:
2 FILER NAME Casey Cole		3. ACCOUNT # (Ethics Commission Filers) n/a
LENDER INFORMATION	4 Name of lender CRSET COLE 5 Lender address; City; State; Zip Code 1625 Heritage Pkwy, Mansfield, TX 76063	
GUARANTOR INFORMATION	6 Name of guarantor	
not applicable	7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •
LENDER INFORMATION	Name of lender	· · · · · · · · · · · · · · · · · · ·
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	ELECTIONS ADMINISTRATOR
GUARANTOR INFORMATION	Name of guarantor	SOLAFEB 24 ANII: 22
not applicable	Guarantor address; City; State; Zip Code	FILED TARRANT SOURTY
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

The Instruction Guide explains how to co	omplete this form.
FILER NAME	3 ACCOUNT # (Ethics Commission File
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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule 1	1 Total pages Schedule T:		
2 FILER NAME					3 ACCOUNT # (Ethics Commission Filers)			
(ASEY COLE								
4 Name of Contributor / C	Corporation o	or Labor Organizatio	n / Pledgor / Payee					
5 Contribution / Expendit	ture reported	on:		<u>Lan</u> est,	<u>, , , , , , , , , , , , , , , , , , , </u>			
Sche	edule A	Schedule B	Schedule C	Schedul	e D 🗌 Schedule F	Schedule G		
Sche	edule H	Schedule N	🗌 сон-ис	🗌 сон-т	PAC-C	PAC-E		
6 Dates of travel 7 Name of person(s) traveling								
1	8 Departure city or name of departure location							
1	9 Destination city or name of destination location							
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)								
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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
Contribution / Expenditu	ire reported o	n:						
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Sche	edule H [Schedule N	Сон-ис	Сон-т	PAC-C	PAC-E		
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